

FIG. 2
BACKGROUND ART

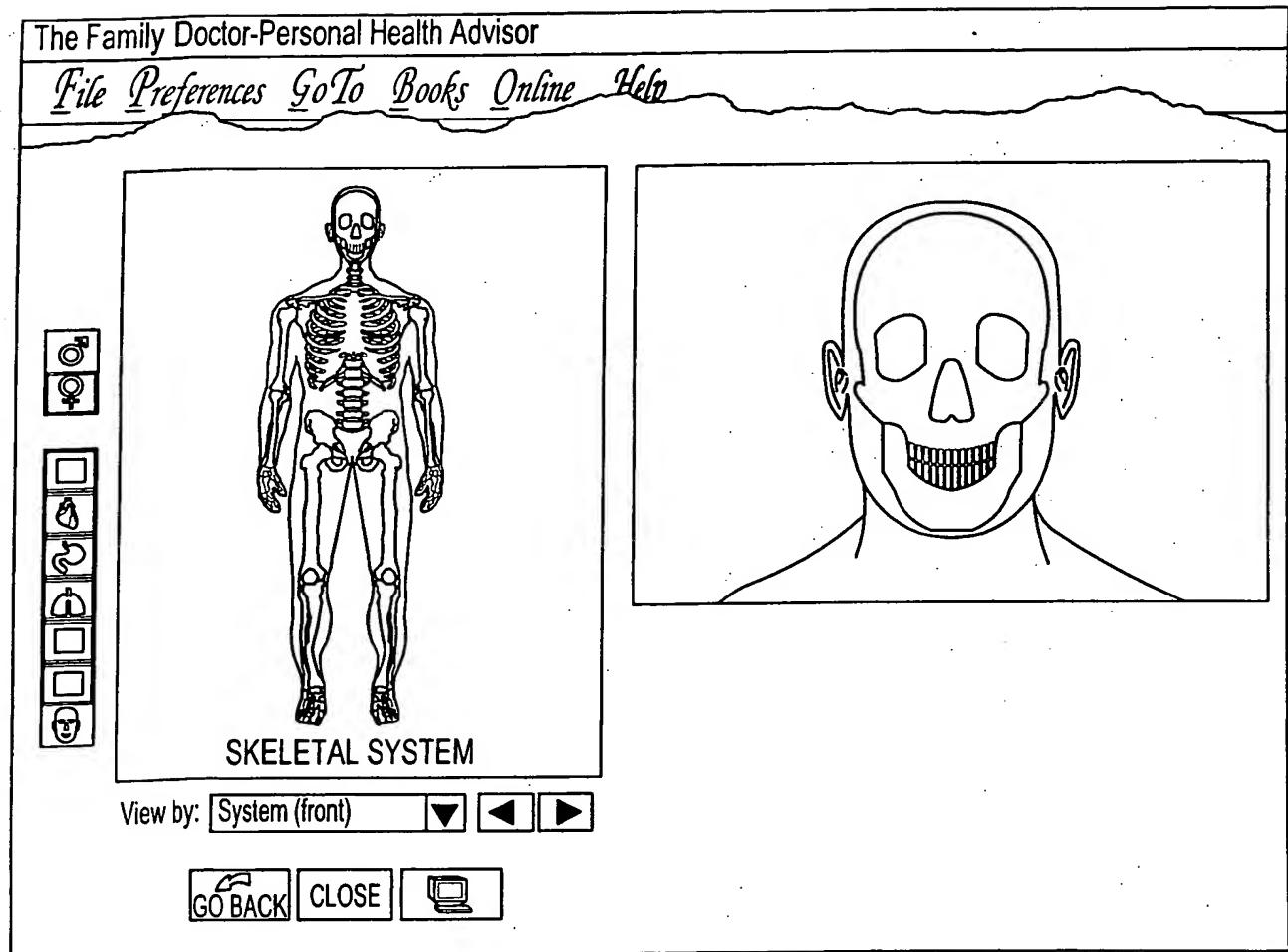


FIG. 3
BACKGROUND ART

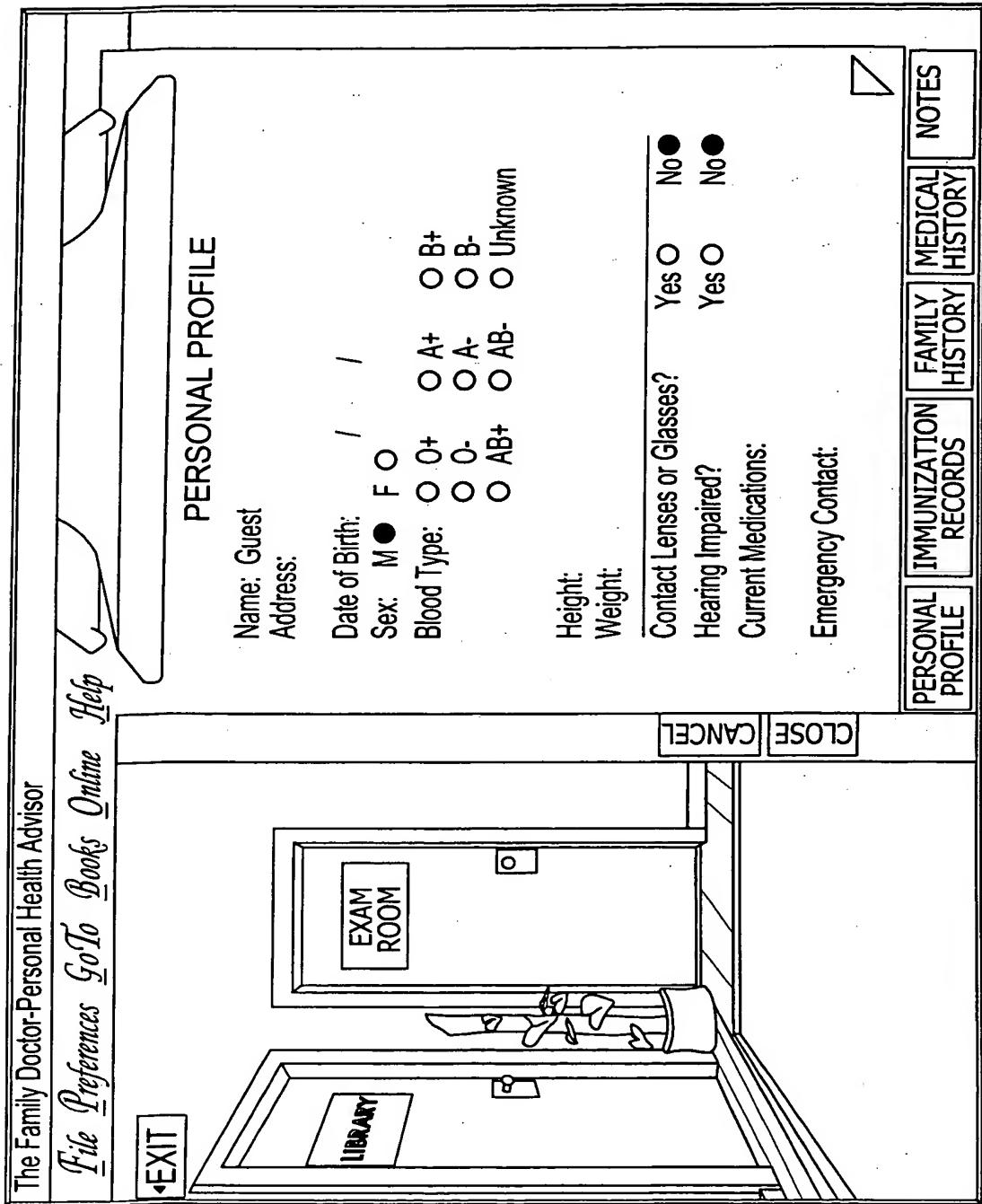


FIG. 4
BACKGROUND ART

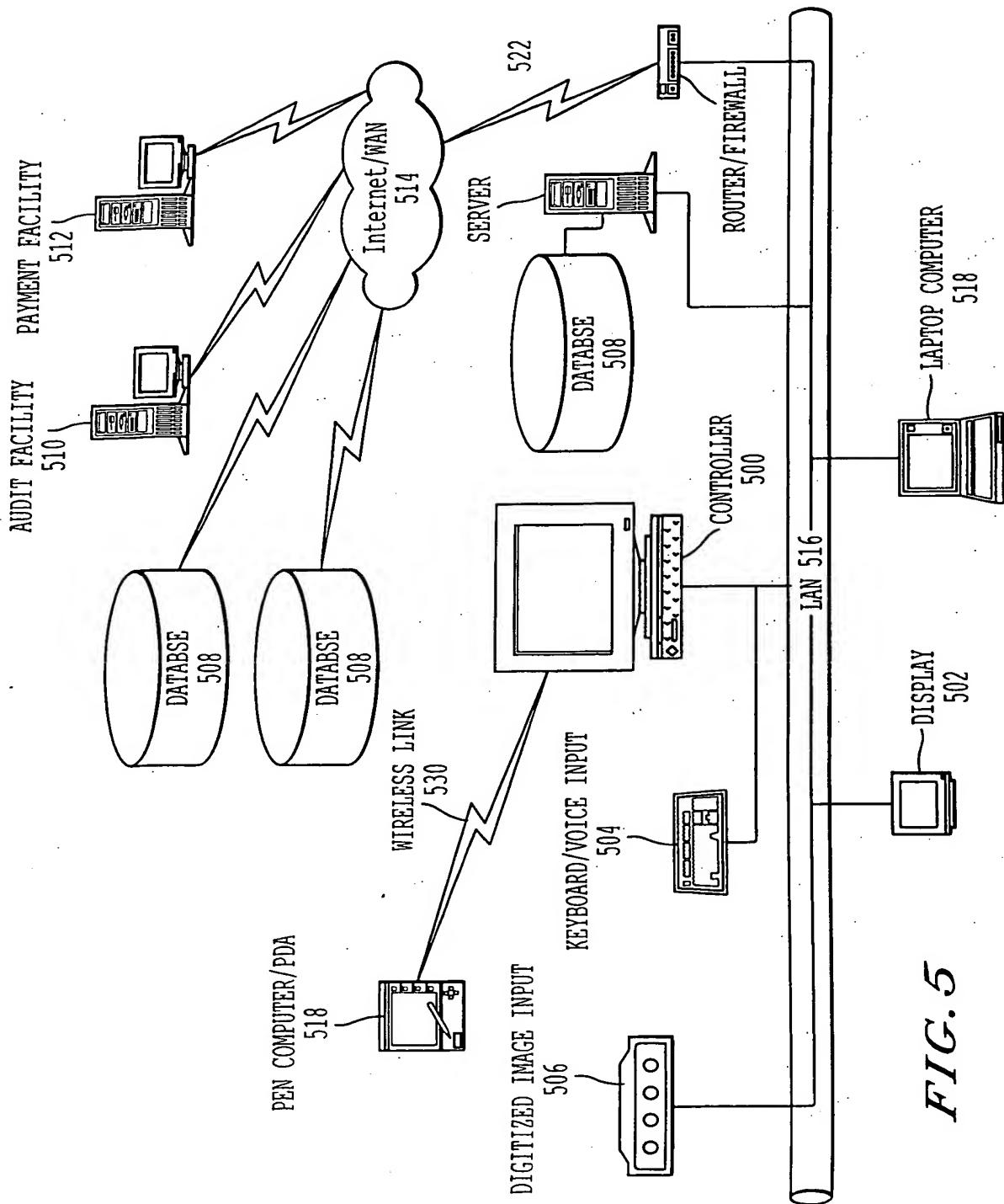
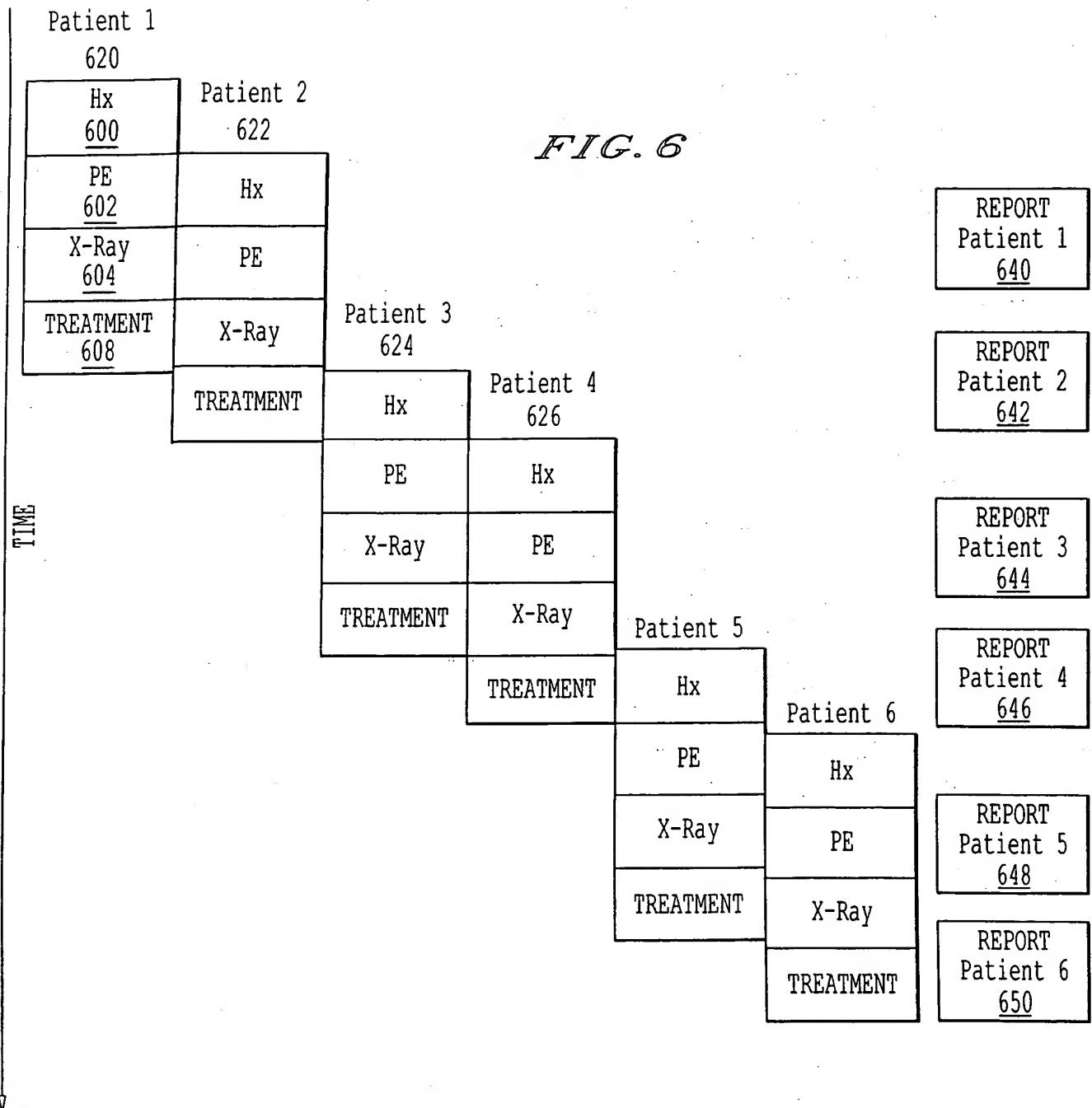
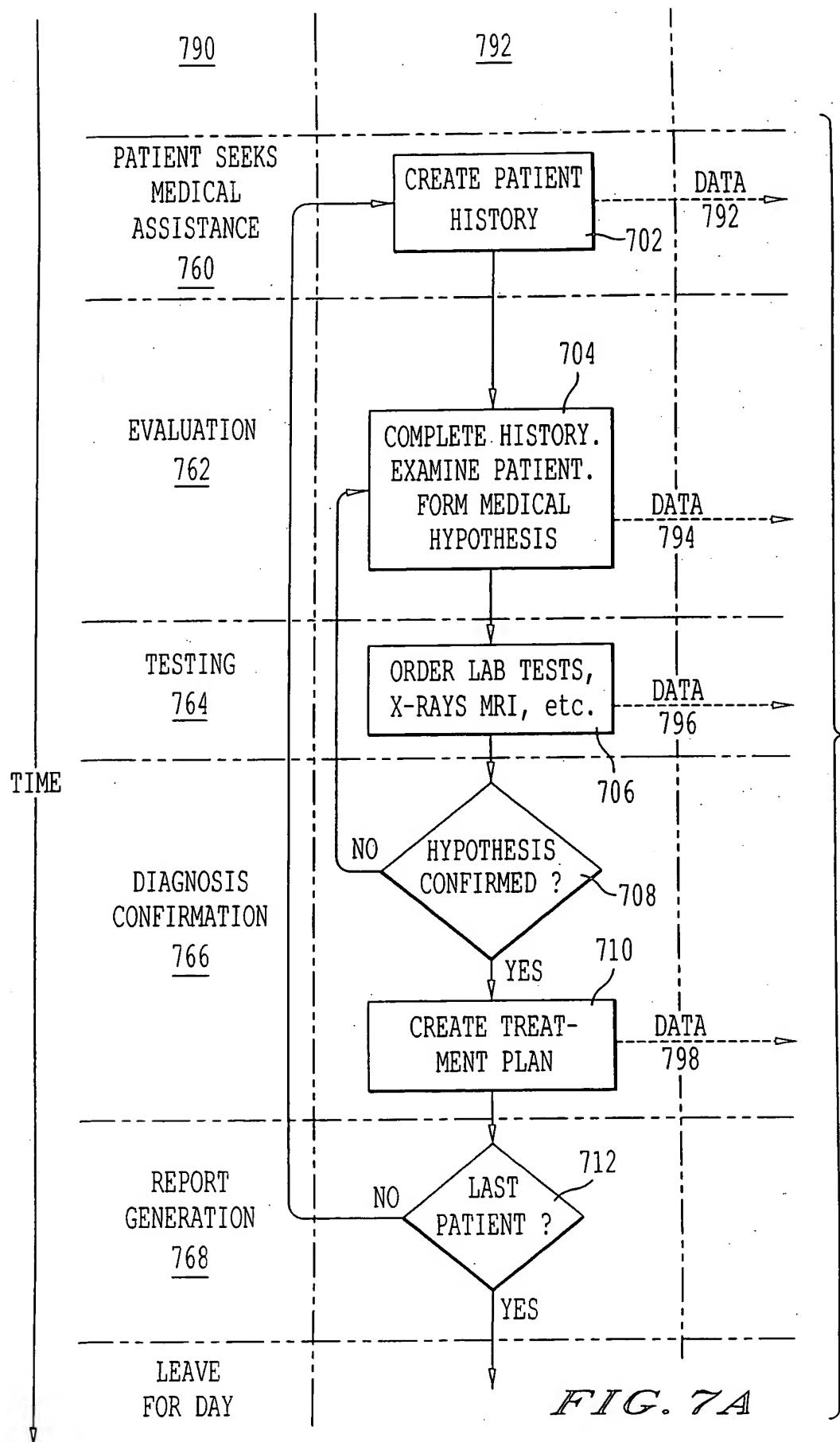
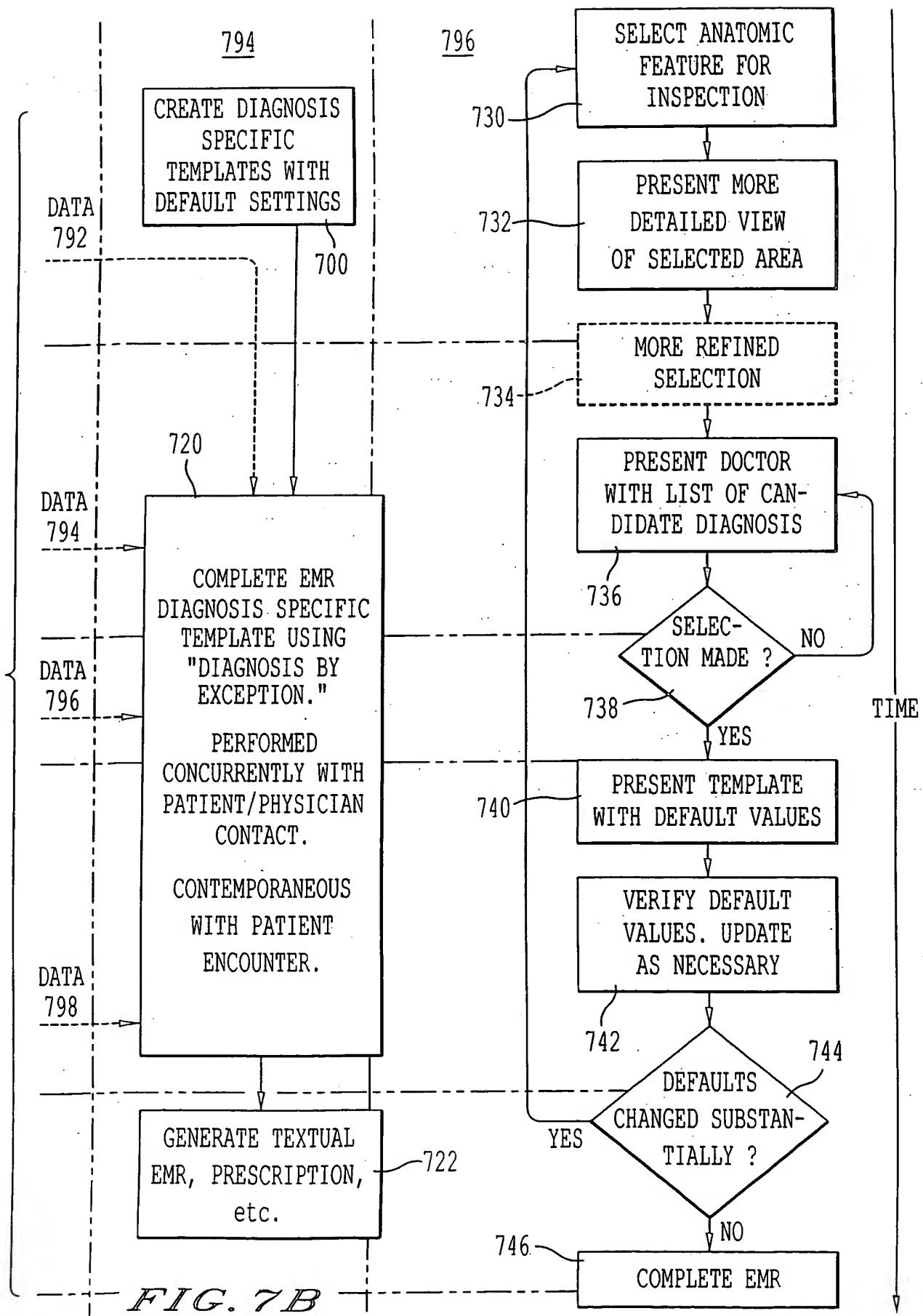


FIG. 5





FROM FIG. 7A



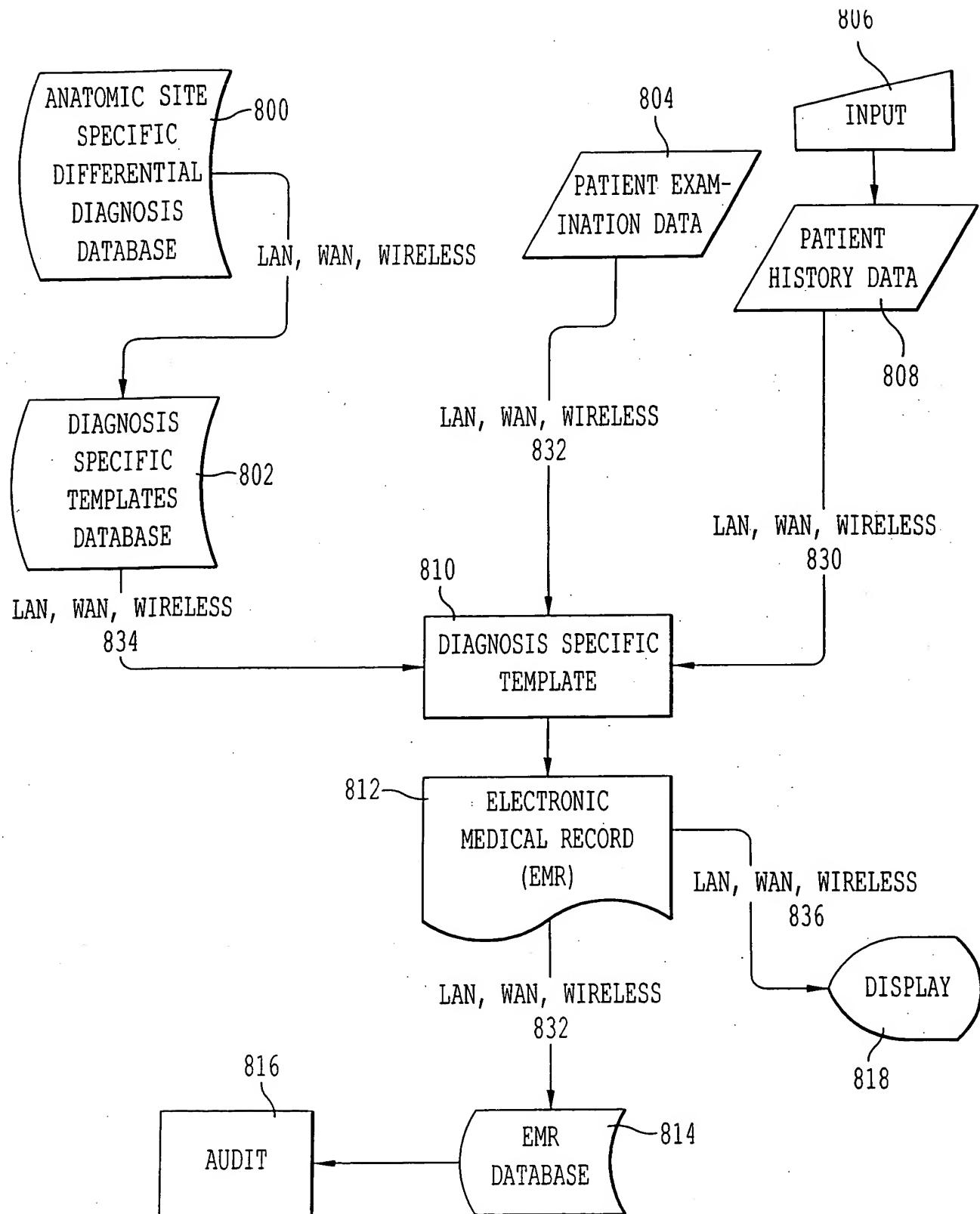


FIG. 8

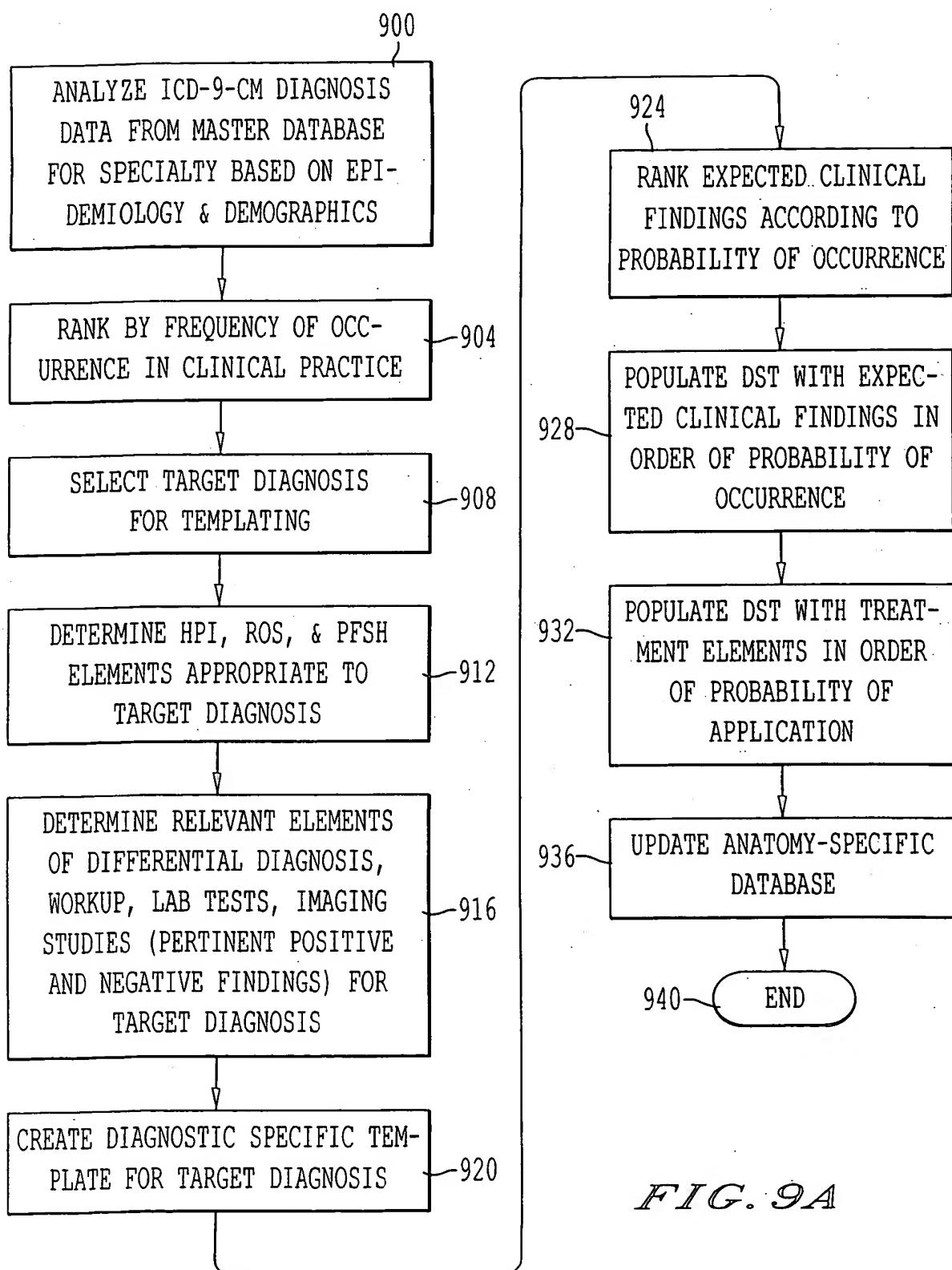


FIG. 9A

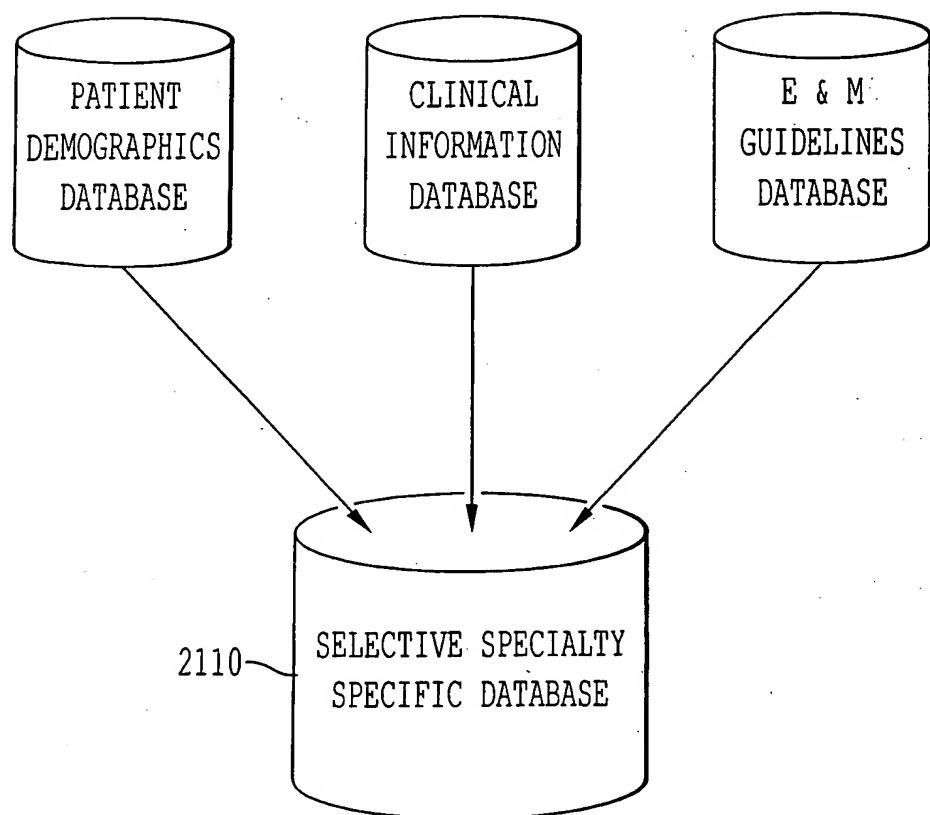


FIG. 9B

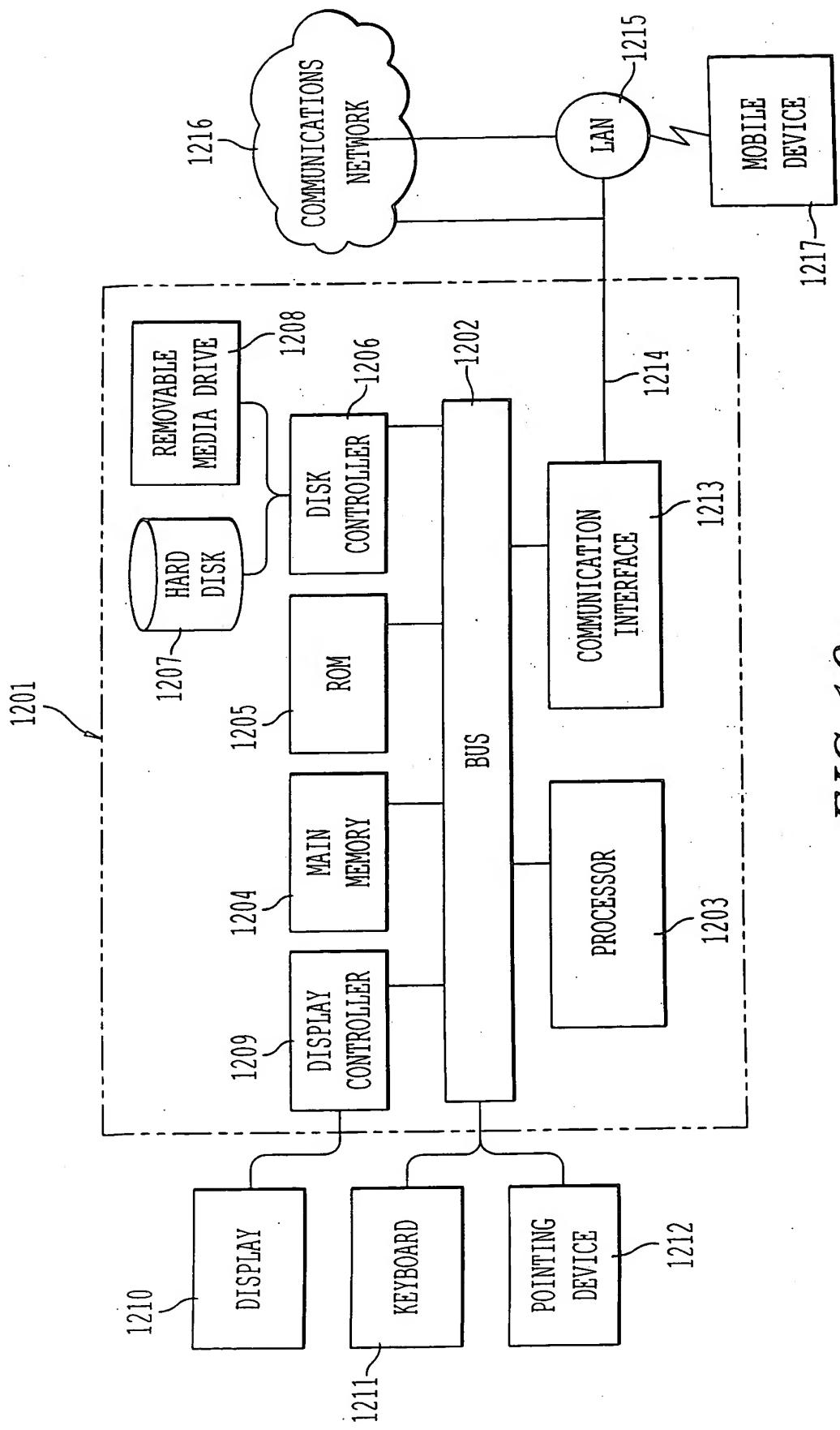


FIG. 10

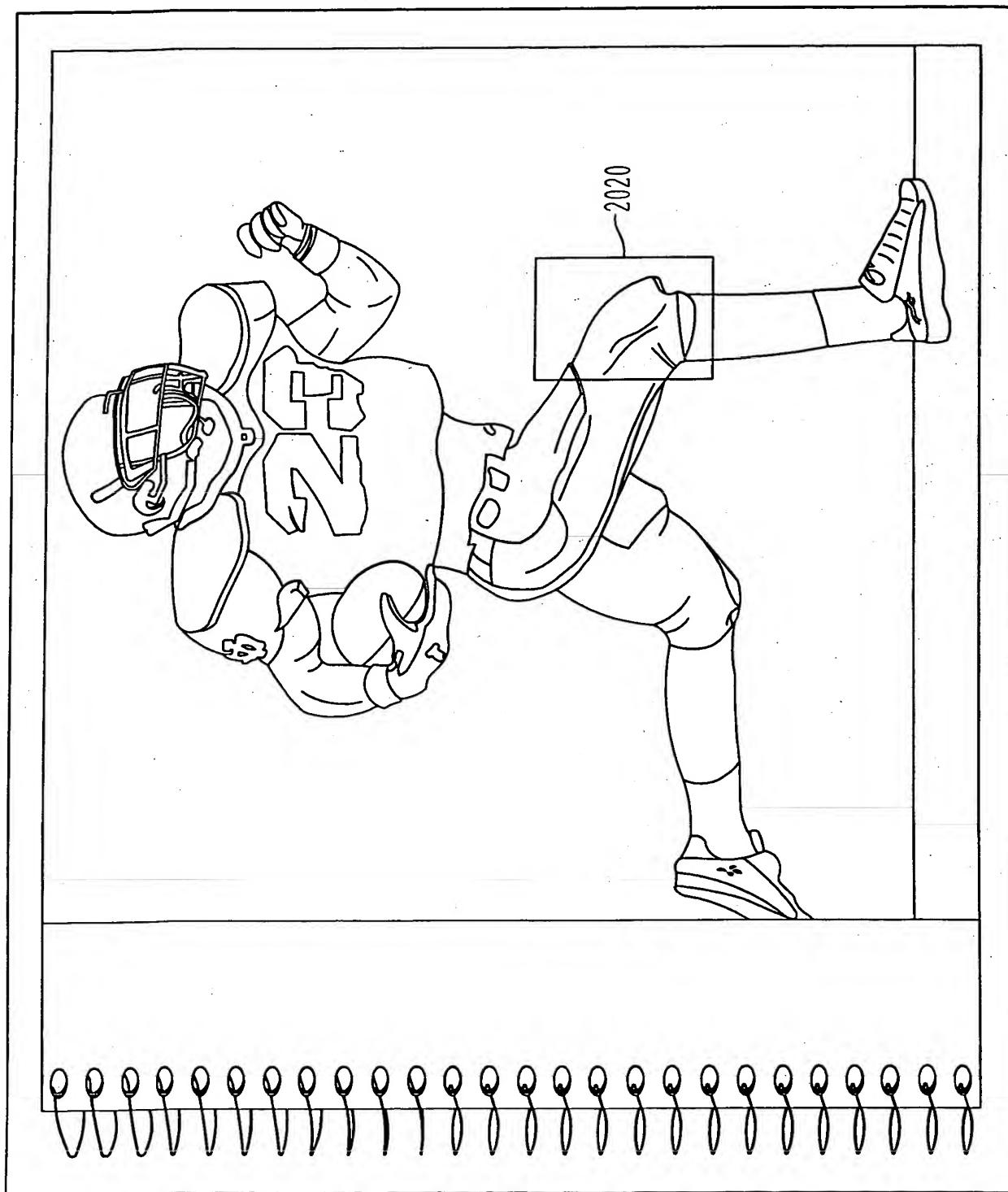


FIG. 11A

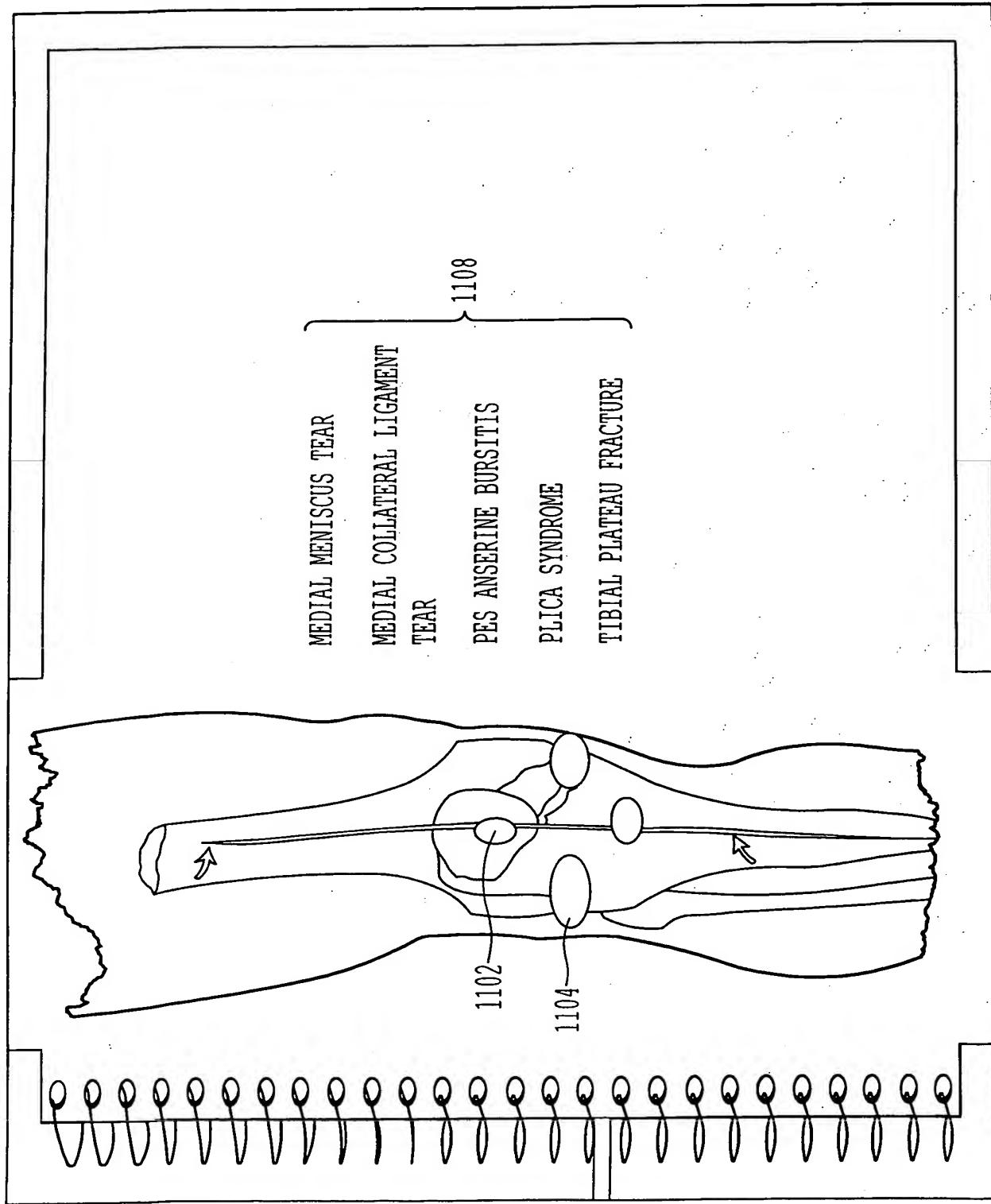


FIG. 11B

ANATOMY-SPECIFIC PRESENT PATIENT HISTORY	
12106	KNEE
12104	MEDIAL MENISCUS TEAR ACUTE
12106	RIGHT KNEE / LEFT KNEE / BOTH KNEES
DURATION:	
12108	12118
12110	12112
12110	12118
ONSET:	
12118	SUDDEN
12120	- NO INJURY
12122	- INJURY
12124	FALL / TWIST / IMPACT / OVERUSE PLAYING SOCCER / TENNIS / BASEBALL BASKETBALL / GOLF / FOOTBALL LACROSS / GYMNASTIC / RUNNING
: AT WORK	
GRADUAL	
: UNUSUAL ACTIVITY?: YES / NO	
SUBACUTE	
POP OR SNAP NOTED	
NO / YES	
LOCATION OF PAIN	
- KNEE	
FRONT / BACK / INSIDE / OUTSIDE .. (ANTERIOR / POSTERIOR... / MEDIAL / LATERAL	
JOINT LINE	
.., ALL OVER	

12170 12172 12176 12178 12180 12182

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FIG. 12A

KNEE P.E.
MEDIAL MENISCUS TEAR ACUTE
(POSITIVE FINDINGS ONLY)

INSPECTION — 12210

12208 — Color — Normal

Abnormal — Slight / Moderate / Severe
Ecchymosis
Erythema
Palor
Plethora
Cyanosis

12222 — Clinical Deformity — no
Ant / Post / Med / Lat
Mild / Mod / Severe

12234 — Atrophy (No, Mild, Moderate, Marked)
Swelling — No

12226 — Localized
Mild / Mod / Severe
Ant / Post / Med / Lat
Diffuse
Slight / Mod / Marked
Ant / Post / Med / Lat
Prepatellar Bursa
Infrapatellar Bursa
Pes Anserine Bursa
Popliteal Space
Calf

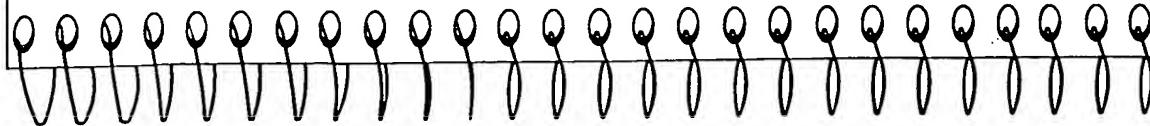
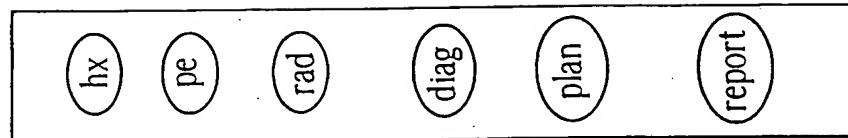


FIG. 12B

FIG. 12C

PASSIVE ROM	
Normal	
Decreased	--- Slightly / Moderately / Markedly
WITH PAIN	--- Mild / Moderate / Marked
WITHOUT pain	
WITH crepitance	
EXT	Degrees ---
(-10) 0 10 20 30 40 50 60 70 80 90 100 110 120 130 140	
FLEX	Degrees ---
0 10 20 30 40 50 60 70 80 90 100 110 120 130 140	
MC MURRAY'S TEST	
NEGATIVE	
POSITIVE	- WITH PAIN BUT NO CLICK - WITH PAIN AND A CLICK
INSTABILITY	
No	Mild / Mod / Marked
ANTERIOR	
* Lachman Test	(+) / (-) / (+/-)
* Anterior Drawer Sign	(+) / (-) / (+/-)
* Pivot Shift Test	(+) / (-) / (+/-)
POSTERIOR	
* Posterior drawer	--- (+) / (-) / (+/-)
* Seg Sign	(+) / (-) / (+/-)
LATERAL	
MEDIAL	

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1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

FIG. 12D

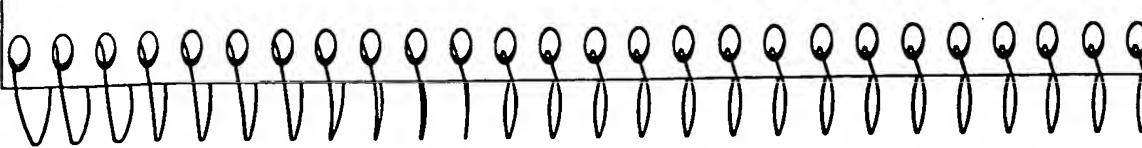
Size	Diameter
Crepitance ---	No
	Mild /
	Mod /
	Marked
	Subcutaneous
	Deep
Adenopathy ---	NO
	Yes -- groin
Popliteal cyst --	no
	- small / medium / large
Popliteal aneurysm --	no
	- small / medium / large
Phlebitis --	No tenderness, calor, cords or significant swelling
	Calf,
	Medial Thigh
	Homans Test -- negative
	- positive
RANGE OF MOTION	
ACTIVE and PASSIVE ROM -- Normal	
ACTIVE ROM	Normal
	Decreased --- Slightly / Moderately / Markedly
	WITH pain -- Mild / Moderate / Marked
	WITHOUT pain
	WITH crepitance
EXT	Degrees ---
(-10) 0 10 20 30 40 50 60 70 80 90 100 110 120 130 140	
0 10 20 30 40 50 60 70 80 90 100 110 120 130 140	FLEX Degrees
140 150 160 170	
<input type="checkbox"/> hx <input type="checkbox"/> pe <input type="checkbox"/> rad <input type="checkbox"/> diag <input type="checkbox"/> plan <input type="checkbox"/> report	
	

FIG. 12E

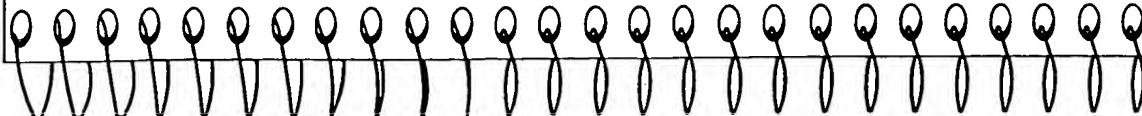
	<p><u>NEUROLOGIC :</u></p> <p>MOTOR, SENSORY, AND REFLEXES NORMAL</p> <p>MOTOR :</p> <ul style="list-style-type: none">- WEAK EXTENSION- WEAK FLECTION- ABSENT EXTENSION <p>SENSORY :</p> <ul style="list-style-type: none">- NORMAL- HYPERESTHESIA (M/L/A/P)- ANESTHESIA (M/L/A/P) <p>REFLEXES :</p> <ul style="list-style-type: none">- NORMAL- KNEE JERK :<ul style="list-style-type: none">NORMALDIMINISHED- ANKLE JERK :<ul style="list-style-type: none">NORMALDIMINISHED <p><u>VASCULAR</u></p> <p>NORMAL DORSALIS PEDIS AND POSTERIOR TIBIAL PULSES</p> <p>DORSALIS PEDIS</p> <ul style="list-style-type: none">- NORMAL- DIMINISHED <p>POSTERIOR TIBIAL</p> <ul style="list-style-type: none">- NORMAL- DIMINISHED
	<p><input type="radio"/> hx</p> <p><input type="radio"/> pe</p> <p><input type="radio"/> rad</p> <p><input type="radio"/> diag</p> <p><input type="radio"/> plan</p> <p><input type="radio"/> report</p>
	

FIG. 12F

13102
TEXT SUMMARY
PRESENT HISTORY
MEDIAL MENISCUS TEAR

THIS IS A 25 YR. OLD, CAUCASIAN MAN, WHO SUSTAINED A SPORTS INJURY TO HIS RIGHT KNEE WHEN HE FELL AND TWISTED IT PLAYING SOCCER 5 DAYS AGO.

13122

HE HAD IMMEDIATE PAIN OVER THE MEDIAL JOINT LINE. NO POP OR SNAP WAS NOTED. HE NOTED MILD SWELLING OF SLOW ONSET. HE IS UNABLE TO FULLY FLEX OR EXTEND THE KNEE. THE PAIN HAS SINCE BEEN CONSTANT. NO ECCHYMOSIS, ERYTHEMA, NUMBNESS, BUCKLING, GRINDING OR CALF PAIN HAVE BEEN NOTED. HIS PAIN IS GETTING WORSE.

HE FEELS BETTER WITH ICE, REST, KNEE FLEXION, AND IBUPROFEN. HIS PAIN IS MADE WORSE WITH ACTIVITY, KNEE EXTENSION, TWISTING, SQUATTING, AND RUNNING. HE IS UNABLE TO PARTICIPATE IN SPORTS AND IS LIMITED IN ACTIVITIES OF DAILY LIVING. HE HAS MISSED 3 DAYS OF WORK DUE TO THE INJURY.

hx

pe

rad

diag

plan

report

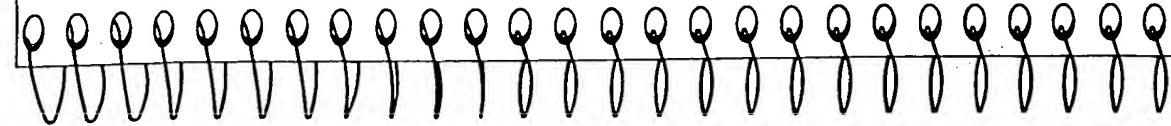


FIG. 13A

PHYSICAL EXAM:
MEDIAL MENISCUS TEAR - ACUTE
TEXT

13210

13214 INSPECTION REVEALED NORMAL SKIN COLOR WITH NO CLINICAL DEFORMITY OR ATROPHY. THERE WAS MODERATE, DIFFUSE SWELLING. A MODERATE EFFUSION WAS PRESENT. PALPATION REVEALED MARKED, TRIGGER TENDERNESS OVER THE MEDIAL JOINT LINE. NO COLOR, MASSES, CREPITANCE, ADNOPATHY, POPLITEAL CYSTS, ANEURYSMS OR PHLEBITIS WAS NOTED.

ACTIVE AND PASSIVE MOTION WAS DECREASED SLIGHTLY WITH MODERATE PAIN. McMURRAY'S TEST WAS POSITIVE FOR MEDIAL PAIN BUT NO CLICK. NO INSTABILITY WAS NOTED.

LACHMAN TEST, ANTERIOR DRAWER, POSTERIOR DRAWER, PIVOT SHIFT AND SAG SIGN WERE NEGATIVE. NEUROLOGICAL EXAM SHOWED NORMAL MOTOR, SENSORY, AND REFLEXES. VASCULAR EXAM SHOWED NORMAL DORSALIS PEDIS AND POSTERIOR TIBIAL PULSES.

hx

pe

rad

diag

plan

report

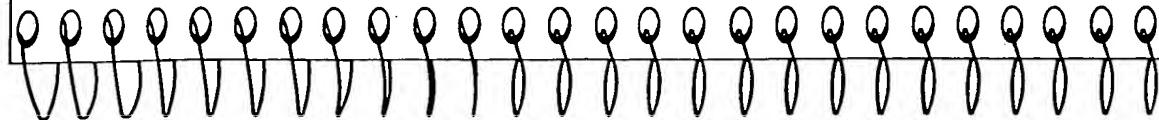


FIG. 13B

KNEE : NORMAL (AGE < 15 YRS)

LATERAL, SUNRISE AND STANDING ANT/POST X-RAYS OF THE RIGHT KNEE TAKEN TODAY IN THE OFFICE AND INTERPRETED BY ME SHOW NO ACUTE OR CHRONIC CHANGES. THE JOINT SPACES ARE WELL PRESERVED; NO OSTEOPHYTES ARE NOTED; MINERALIZATION IS GOOD; NO OSTEOCHONDRAL DEFECTS ARE NOTED; PATELLAR ALIGNMENT IS SATISFACTORY. PHYSES ARE PATENT AND APPEAR NORMAL

SIG. _____

(hx)	(pe)	(rad)	(diag)	(plan)	(report)
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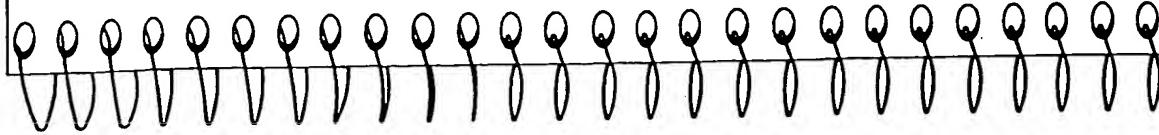


FIG. 14

KNEE : AGE > 65 YRS
MILD DJD MEDIAL

LATERAL, SUNRISE AND STANDING ANT/POST X-RAYS OF THE RIGHT KNEE TAKEN TODAY IN THE OFFICE AND INTERPRETED BY ME SHOW NO ACUTE CHANGES. THE MEDIAL JOINT SPACE IS SLIGHTLY NARROW AND MAY SHOW SLIGHT SUBCHONDRAL SCLEROSIS. THE OTHER JOINT SPACES ARE WELL PRESERVED; NO OSTEOPHYTES ARE NOTED; MINERALIZATION IS GOOD; NO OSTEOCHONDRAL DEFECTS ARE NOTED; PATELLAR ASSIGNMENT IS SATISFACTORY.

SIG. _____

hx	pe	rad	diag	plan	report
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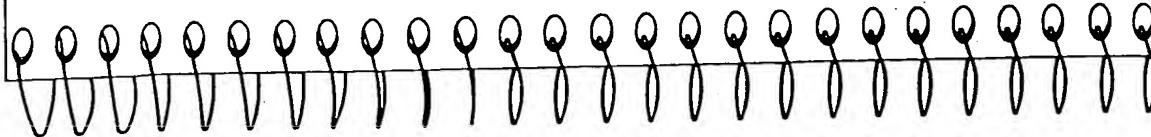


FIG. 15

X - RAYS

KNEE : NORMAL (AGE 15 - 65 YRS)

LATERAL, SUNRISE AND STANDING ANT/POST X-RAYS OF THE RIGHT KNEE TAKEN TODAY IN THE OFFICE AND INTERPRETED BY ME SHOW NO ACUTE OR CHRONIC CHANGES. THE JOINT SPACES ARE WELL PRESERVED; NO OSTEOPHYTES ARE NOTED; MINERALIZATION IS GOOD; NO OSTEOCHONDRAL DEFECTS ARE NOTED; PATELLAR ALIGNMENT IS SATISFACTORY.

SIG. _____

hx pe rad diag plan report

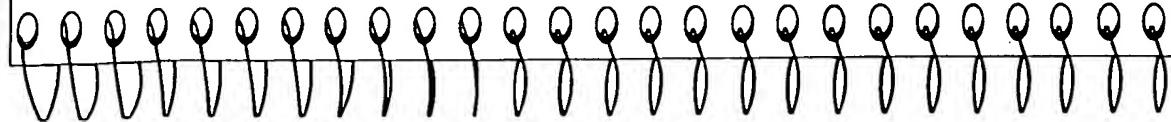


FIG. 16

OUTSIDE X-RAYS WITH PATIENT:

NORMAL

THE PATIENT BRINGS X-RAYS OF THE RIGHT KNEE TAKEN , IN ANT/POST, LATERAL AND OBLIQUE VIEWS. THEY ARE REVIEWED BY ME WITH THE PATIENT. THEY SHOW NO ACUTE OR CHRONIC CHANGES. THE JOINT SPACES ARE WELL PRESERVED; NO OSTEOPHYTES ARE NOTED; MINERALIZATION IS GOOD; NO OSTEOCHONDRAL DEFECTS ARE NOTED. A SUNRISE VIEW IS TAKEN TODAY WHICH I FEEL SHOWS THAT PATELLAR ALIGNMENT IS SATISFACTORY.

SIG.

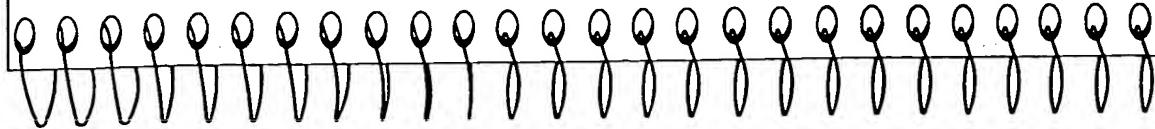
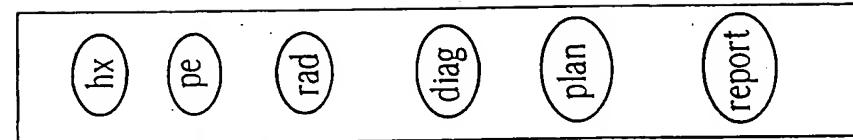


FIG. 18

1902 — SUMMARY TEXT H.P.I. + P.E.

1904 — MEDIAL MENISCUS TEAR — ACUTE

PATENT NAME: CHASE LOUNGE

DATE OF CONSULTATION: 12/12/00

REFERRING PHYSICIAN: NAUGA HYDE, MD

1920 THIS IS A 25 YR. OLD, CAUCASIAN MAN, WHO SUSTAINED A SPORTS INJURY TO HIS RIGHT KNEE WHEN HE FELL AND TWISTED IT PLAYING SOCCER 5 DAYS AGO.

HE HAD IMMEDIATE PAIN OVER THE MEDIAL JOINT LINE. NO POP OR SNAP WAS NOTED. HE NOTED MILD SWELLING OF SLOW ONSET. HE IS UNABLE TO FULLY FLEX OR EXTEND THE KNEE. THE PAIN HAS SINCE BEEN CONSTANT. NO ECCHYMOSIS, ERYTHEMA, NUMBNESS, BUCKLING, GRINDING OR CALF PAIN HAVE BEEN NOTED. HIS PAIN IS GETTING WORSE.

HE FEELS BETTER WITH ICE, REST, KNEE FLEXION, AND IBUPROFEN. HIS PAIN IS MADE WORSE WITH ACTIVITY, KNEE EXTENSION, TWISTING, SQUATTING, AND RUNNING. HE IS UNABLE TO PARTICIPATE IN SPORTS AND IS LIMITED IN ACTIVITIES OF DAILY LIVING. HE HAS MISSED 3 DAYS OF WORK DUE TO THE INJURY.

INSPECTION REVEALED NORMAL SKIN COLOR WITH NO CLINICAL DEFORMITY OR ATROPHY. THERE WAS MODERATE, DIFFUSE SWELLING. A MODERATE EFFUSION WAS PRESENT.

PALPATION REVEALED MARKED, TRIGGER TENDERNESS OVER THE MEDIAL JOINT LINE. NO CALOR, MASSES, CREPITANCE, ADENOPATHY, POPLITEAL SYSTS, ANEURYSMS OR PHLEBITIS WAS NOTED.

ACTIVE AND PASSIVE MOTION WAS DECREASED SLIGHTLY WITH MODERATE PAIN. McMURRAYS TEST WAS POSITIVE FOR MEDIAL PAIN BUT NO CLICK. NO INSTABILITY WAS NOTED.

LACHMAN TEST, ANTERIOR DRAWER, POSTERIOR DRAWER, PIVOT SHIFT AND SAG SIGN WERE NEGATIVE.

NEUROLOGIC EXAM SHOWED NORMAL, MOTOR, SENSORY, AND REFLEXES. VASCULAR EXAM SHOWED NORMAL DORSAL PEDIS AND POSTERIOR TIBIAL PULSES.

X-RAYS RIGHT KNEE:

LATERAL, SUNRISE AND STANDING ANT/POST X-RAYS OF THE RIGHT KNEE TAKEN TODAY IN THE OFFICE AND INTERPRETED BY ME SHOW NO ACUTE OR CHRONIC CHANGES. THE JOINT SPACES ARE WELL PRESERVED; NO OSTEOPHYTES ARE NOTED; MINERALIZATION IS GOOD; NO OSTEOCHONDRAL DEFECTS ARE NOTED; PATELLAR ALIGNMENT IS SATISFACTORY.

SIG. _____

DIAGNOSTIC IMPRESSION: TORN MEDIAL MENISCUS, RIGHT KNEE, ACUTE (ICD-9 CODE 836.0)

DIAGNOSTIC STUDIES: MRI

TREATMENT PLAN:

REST, ICE AND ELEVATION
CRUTCHES AS NEEDED - CRUTCHES PROVIDED
KNEE SUPPORT - COMPRESSIVE
NSAID - ALEVE

REPORT TO PCP
OFU AFTER MRI

SIG. _____

FIG. 19B